Insurance Ombudsman Complaint Letter

Use this after your insurer has rejected your grievance, or has not replied within 30 days - to file a free complaint with the Insurance Ombudsman for your city.

HOW TO USE THIS TEMPLATE

- Use only after you have complained to the insurer's Grievance Redressal Officer.
- File within one year of the insurer's final reply (or one month after your grievance if there was no reply).
- Attach the Annexure A / Form P-II complaint form from cioins.co.in, this letter, and your evidence file.
- The Ombudsman is free and handles disputes up to ₹50 lakh.

DATE [DD Month YYYY]

TO The Insurance Ombudsman
Office of the Insurance Ombudsman, [City]
[Address of the Ombudsman office for your jurisdiction - see cioins.co.in]

COMPLAINT under the Insurance Ombudsman Rules, 2017 | Complainant: [Name] | Insurer: [ ] | Policy No: [ ] | Claim No: [ ]

Respected Sir / Madam,

I wish to file a complaint against **[Insurance Company Name]** in respect of my health insurance claim **[claim number]** under policy **[number]**.

1. What happened

Hospitalisation at **[hospital]** from **[admission date]** to **[discharge date]**. Claim for ₹**[amount]** filed on **[date]**. The insurer **[rejected the claim / paid only ₹(amount)]** by letter dated **[date]**, on the ground of **[reason and clause]**.

2. Grievance to the insurer

I filed a written grievance with the insurer's Grievance Redressal Officer on **[date]** (reference **[number]**). The insurer **[rejected the grievance on (date) / did not respond within 30 days]**. A copy of the grievance and the insurer's reply (if any) is enclosed.

3. Why the decision is wrong

[Set out your grounds briefly and clearly, each tied to a policy clause, a document, or an IRDAI provision - for example the 60-month moratorium, a completed waiting period, an over-applied sub-limit, or an exclusion read too widely.]

WHAT I AM ASKING FOR

I request the Ombudsman to direct the insurer to pay my claim of ₹[amount] in full, together with interest and costs. The total relief claimed, including expenses, does not exceed ₹50 lakh.

I declare that the subject matter of this complaint is not, and has not been, before any court, consumer forum or arbitrator, and that the information given above is true to the best of my knowledge.

Yours faithfully,

[Signature]
[Your Name]
[Address] - [City, State, PIN]
[Phone] | [Email]
Date: [ ] Place: [ ]

Enclosures

1. Annexure A / Form P-II complaint form (from cioins.co.in), signed
2. Copy of the claim rejection / repudiation letter
3. Copy of the written grievance to the insurer and the insurer's reply (if any)
4. Copy of the policy schedule and wording
5. Discharge summary, itemised hospital bill and payment receipts
6. Any other document supporting the complaint

> **ClaimBhai note**
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> Find the Ombudsman office for your city and the current Annexure A form at cioins.co.in. The award is binding on the insurer; if you are not satisfied, you can still go to a consumer court. Pair this with our Insurance Ombudsman guide.